Telephone: (888) 726-9743

> (334) 242-4064 (334) 242-3603

## Alabama Board of Physical Therapy

100 NORTH UNION STREET, SUITE 724

MONTGOMERY, AL 36130-5040

Fax: (334) 242-3288

nk.horner@pt.alabama.gov sheila.wright@pt.alabama.gov Email:

Website: www.pt.alabama.gov

## LICENSE RENEWAL

IMPO	RTA	NT	NO	TICE:
------	-----	----	----	-------

(1) Your license will expire at midnight on September 30th of the current year. To renew your license, return this form with: (1) certificate(s) of attendance at Board-approved continuing education (10 hours PT, 6 hours PTA); and (2) appropriate renewal fee (\$70 PT, \$50 PTA) no later than September 30. No personal checks, cash, or credit cards accepted. A \$50 late fee is due after Nov. 1st.

Practicing without a license is a Class C misdemeanor punishable by a fine of not more than \$1,000, or by a term of imprisonment of not

nore than 90 days, or both.	ALA. CODE Section 34-24-196 (1975)		, , , , , , , , , , , , , , , , , , ,	<b>F</b>			
			Lic No.	Business Address			
			Lic Type				
Date Licensed :				•			
(2) If your addresses are diff	ferent from those shown above, make corrections bel-	ow.					
New Home Mailing Address			New Business Address				
Name		Name	Name				
Street		Street					
City, State, Zip		City, State, Zip					
Home telephone number		County					
EW TAIL ( : N							
E Mail Address (required)		Business	Business telephone number Business fax number				
3) Have you been convicted on nonths?	of a felony or misdemeanor, entered a plea of nolo co	ontendere, or	received deferra	al adjudication in the last 12			
f you checked VES give a fu	ıll explanation using an additional page.						
1 you checked 1 E3, give a lu	m explanation using an additional page.						
4) Correct and current as of:							
D. (	G:			D 6 (1.1)			
Date	Signature			Daytime telephone number			